



COMMUNITY MENTAL HEALTH SERVICES

- **Howard Center Launches Community Education Series**

Public understanding about mental health and addiction issues has progressed in recent years. Still, many more opportunities to learn about health topics, increase accessibility to services and treatment, reduce stigma and fear through education, and raise awareness of community resources are needed. The expertise, experience and knowledge of providers are relevant to the health of our communities. This is what the Howard Center had in mind when it launched a free and open Community Education Series this fall. The Burlington-based designated agency began the first of a series of presentations---three in the fall and three in the spring---in September on *Understanding Opioid Addiction*. It was attended by about 60 people. This fall's remaining lineup is as follows. All sessions are from 6:00 p.m. – 7:30 p.m.

October 7th *More Than the Blues --- Understanding Depression and Its Treatment*

November 12th *Autism in Children and Teens*

Sessions are held at DEALER.COM-- 1 Howard Street, Burlington (corner of Howard and Pine Streets). Registration is not required; seating is first come, first served.

DEALER.COM, a major employer serving the auto industry's marketing needs, is donating the use of their space (theater, sound system, and parking) to Howard Center as a component of their contributions to the community. See Howard Center's website for details: <http://www.howardcenter.org/Community-Education-Series>

LEGISLATIVE AND REGULATORY

- **Draft EIP Rule Filed with ICAR**

After a series of meetings with interested parties, the Department filed regulations in 2013 to establish standards for emergency involuntary procedures. When the rulemaking process under Chapter 25 of Title 3 was at its final stage, the Legislative Committee on

Administrative Rules (LCAR) objected to the proposed rule because the Committee felt that there were unanswered policy questions. Legislative committees of jurisdiction were asked to weigh in, and in 2015 they passed Act 21 (formerly H.241), which resolved the policy question and directed the Department to refile the rule with certain specified changes. In response, on September 25th, the Department filed a draft rule—*Regulation Establishing Standards for Emergency Involuntary Procedures*—with the Interagency Committee on Administrative Rules (ICAR). ICAR meets next on October 12th and the rule will be on the agenda. Once approved by ICAR, the rule will be filed with the Secretary of State's Office. The proposed rule can be found on the Department's webpage at this

link. http://mentalhealth.vermont.gov/sites/dmh/files/report/legislative/2015_September_Final_Underlined_Draft.pdf

DISPERSED LEVEL I SYSTEM OF CARE

- **Nursing Job Fairs Yield New Applicants**

Since reported in the September 16th issue of *Advisory*, Vermont Psychiatric Care Hospital has interviewed 14 nurses. At present, VPCH has made final offers of hire to three nurses while other applicants are still being considered at various stages, including reference reviews, verification of professional credentials, and potential employment offers. Six more interviews are scheduled with nurses who applied, but could not attend the job fairs. VPCH also had a large response from applicants for other direct care positions, which will allow the hospital to fill these non-nursing permanent direct care positions, and add new temporary/per diem staff.

WATERBURY STATE OFFICE COMPLEX

- **Change Readiness and Leading Change**

The Waterbury State Office Complex (WSOC) is nearing completion and will soon be ready to welcome back the Agency of Human Services (AHS). The Department of Mental Health is second among AHS departments to move, which will occur on January 9, 2016. Corrections will move in December and other departments will follow DMH. This is so much more than re-location to a new building as it represents an important milestone in AHS efforts to achieve the vision of an 'Agency of One,' according to Secretary Hal Cohen in a letter to all Waterbury-bound staff. AHS has engaged staff in a Change Readiness and Leading Change process by delivering workshops this summer and fall to create a shared awareness and recognition of the impacts of change. Thoughtful and comprehensive planning is designed to help employees and their supervisors have meaningful conversations and reduce the stress that is often associated with change. The AHS Organizational Change Management Team of 7 professionals with backgrounds in organizational development, communications, human resources, professional development and training is helping to achieve a successful transition of individuals and, ultimately, organizations, to the new environment and potential that Waterbury offers.

PROMOTING HEALTH, WELLNESS & RECOVERY

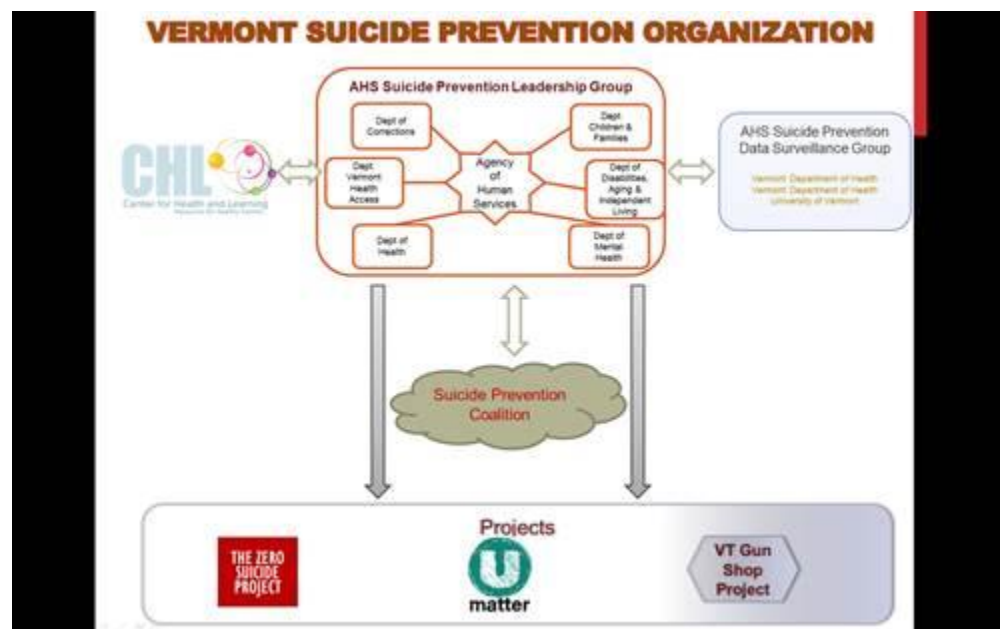
- **Suicide Prevention Goals and Investments**

Jaskanwar Batra, M.D., Medical Director of the Department of Mental Health, is working statewide in collaboration with other leaders and organizations to develop programmatic initiatives on suicide prevention. He describes the effort in this article.

Vermont's rates of suicide, calculated as the number of deaths by suicide per 100,000 people, are higher than the national averages. Vermont rates of suicide are also higher than the rates of neighboring states and the New England Region. The overall rate for the past 10 years has been increasing. In the most recent years, more than 100 Vermonters have died by suicide. Deaths by suicide in Vermont appear to follow national patterns. More men die by suicide than women. Firearms are the method used for nearly two-thirds of the deaths by suicide. The Agency of Human Services is currently using the score card to keep track of key data elements to guide our efforts at reducing the rate of suicide in Vermont.

Partners

The Leadership Group in alliance with the Vermont Suicide Prevention Center (VtSPC) has created a broader group entitled the Vermont Suicide Prevention Coalition where there is representation from provider groups (inpatient and outpatient), suicide survivors, family members, Agency of Human Services, Agency of Education, schools and higher education institutions, Veterans Affairs, legislators as well as the Centers for Health and Learning. The coalition guides and informs the statewide prevention efforts.



What Works

Vermont's suicide prevention plan aligns closely with the World Health Organization's (WHO) suggested strategy. The plan categorizes actions into three broad categories: Universal Prevention, Selective Prevention, and Indicated Strategies, essentially signifying primary, secondary and tertiary prevention strategies. These are broad and take a population health approach to this problem.

Strategy

The **Vermont Department of Mental Health** (DMH) will work in partnership with the Agency of Human Services Leadership Group as well as the **Center for Health and Learning** (CHL) to promote interventions in all three categories, i.e. Universal, Selective and Indicated.

1. **Universal Prevention:**

- a. Increase access to healthcare
- b. Promote positive mental health
- c. **UMatter** campaign plans to accomplish the following:
 - i. Promote the message that suicide is preventable
 - ii. Equip gatekeepers with the knowledge and skills to respond effectively to those in distress
 - iii. Increase public awareness of the importance of addressing mental health issues
 - iv. Establish a broad-based suicide prevention and intervention strategy throughout Vermont
 - v. Sponsor a media campaign to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services
 - vi. Promote positive youth development
 - vii. Put into place long-term, sustainable approaches to prevention and early intervention
- d. Vermont Gun Shop Project:

Since nearly two-thirds of all deaths by suicide in Vermont use firearms as the means, Department of Mental Health has partnered with the Center for Health and Learning, the Vermont Federation of Sportsmen's Clubs, and Gun Sense Vermont along with the Vermont Suicide Prevention Coalition to increase the knowledge and awareness of gun shop owners in Vermont about the use of guns for suicide. In addition, resources and helpline information will be made available to gun shops to post in their shops to give those who may go to a gun shop the information they need to get timely help.

2. **Selective Prevention:**

- a. Targeted services for people at higher risk: This will include gatekeeper training as well as Mental Health First Aid training for those in key positions to identify

people at higher risk. Gate keepers will be trained in screening for depression as well as trained in screening for suicidality.

b. Helplines:

- i. DA crisis services
- ii. 211 - National Suicide Prevention hotline
- iii. Peer-run warm line
- iv. Domestic violence hotline
- v. Sexual violence hotline

3. Indicated Strategies:

Zero Suicide Project is a collection of interventions designed to improve care for individuals needing help with suicidal thoughts and other related problems.

Zero Suicide Project: Vermont has adopted the Nation Action Alliance for Suicide Prevention's platform called Zero Suicide. The alliance defines Zero Suicide as:

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

The four areas of intervention under the Zero Suicide Project are:

- a) Screening: Embed widespread screening of depression and suicidality in healthcare settings including Primary Care practices. The Blueprint for Health Medical Home practices to enhance their screening re suicidality by using Patient Health Questionnaire (PHQ) questions about depression and suicidal thoughts in Primary Care settings.
- b) Assessment: For those patients who screen positive, the next step is to do enhanced screening /severity assessments regarding severity of suicidality, e.g. Columbia Suicide Severity Rating Scale (CSSRS). Support Blueprint's community health teams to help patients to access appropriate treatment with local DAs for individuals whose screening results call for further intervention.
- c) Suicide focused / competent treatment: Support Designated Agency (DA) pilot sites to access trainings in modalities specifically about care for the suicidal person:
 - i. *Counselling about Access to Lethal Means (CALM)*
 - ii. Assist DA pilot sites to train clinicians in using Collaborative Assessment and Management of Suicide (CAMS), which includes an online initial training followed by a learning collaborative style continuous education on CAMS. Build capacity for ongoing training in Vermont by developing a Train the Trainer model.

- iii. Reinforce use of Cognitive Behavioral Therapy and Dialectical Behavioral Therapy as the best treatment practices for problems commonly associated with suicidality such as depressive disorders, anxiety disorders and personality disorders. The CAMS methodology is complimentary to these treatment methods.
 - iv. Roll training out to providers outside of the DAs: Community Health Teams, therapists embedded in Medical Homes, etc.
- d) Follow-up: Partner with the inpatient psychiatric units as well as emergency rooms at hospitals to develop and send caring letters after a person who had suicidal thoughts is discharged from their facility. Designated Agency Crisis Centers to develop and send caring letters after a person who had suicidal thoughts is discharged from the hospital.

- **Reducing Tobacco Use**

The Vermont Department of Health (VDH) and the Vermont Tobacco Evaluation and Review Board (VTERB) are seeking input from tobacco control stakeholders on the goals, objectives and strategies for a new, 5-year plan through 2020. The populations disparately impacted by tobacco use are of special interest to the mental health community. VDH and VTERB and the agencies, programs, organizations and individuals who support them are encouraged to identify gaps, key strategies to effectively impact tobacco use in Vermont. Public input meetings are planned:

Wednesday October 28th, 2015 at 3:00pm to 5:00pm, via Vermont Interactive Television
Vermont Department of Labor Building, 5 Green Mountain Drive, Montpelier, VT 05602
Brattleboro Union High School, 131 Fairground Rd, Room 125, Brattleboro, VT 05301
Senior Citizen's Service Center, 124 Pleasant Street, Bennington, VT 05201

Wednesday November 18th, 2015 at 2:00pm to 4:00pm
Agency of Human Services, Conference Room A, 208 Hurricane Lane, Williston, VT

Vermont Tobacco Control Plan <http://humanservices.vermont.gov/boards-committees/tobacco-board/documents-and-resources/vermont-tobacco-control-workplan-2014-2017/view>